

A warm, intimate photograph of a woman with brown hair tied back, wearing a light grey sweater, gently kissing her young daughter on the forehead. The daughter has blonde hair and is looking down with a slight smile. The scene is bathed in soft, golden light, likely from a window, creating a cozy and loving atmosphere. The background is slightly blurred, showing a bookshelf and a lamp.

A QUICK START GUIDE

GETTING THE MOST
FROM YOUR COVERAGE



TUFTS
Health Plan

[TUFTSHEALTHPLAN.COM](https://tuftshealthplan.com)

A photograph of a young couple in a kitchen. The woman, with curly hair, is smiling and hugging the man from behind. The man is also smiling and looking towards her. They are both wearing blue shirts. The background shows kitchen shelves with various items.

5 STEPS TO GET STARTED

Welcome to Tufts Health Plan, where we believe the journey to better health should be simpler than it is. That's why we provide the services and tools you need to connect with us and your doctors. Because when you understand your coverage, monitor your claims and explore all treatment options, you're taking important steps toward a healthy you.

That's right — it all starts with you. The only way you can get the most out of your plan is by taking an active role. And we're with you every step of the way, answering your questions and arming you with information to make smart decisions about your care.

So how do you become confident and comfortable with your new plan? Here are five steps you should take to get started. They'll help you avoid surprises, save money and stay healthy.



1. CHOOSE A PRIMARY CARE PROVIDER (PCP)

Even if your plan doesn't require one, it's good to have a PCP as your guide to the health care system. Your PCP is the one medical professional who knows your health better than anyone. They can treat you for a wide range of issues or refer you to a specialist if needed. Your PCP will also do or arrange for preventive care screenings, such as blood pressure, cholesterol, and more.



2. SIGN UP FOR YOUR SECURE ONLINE MEMBER ACCOUNT*

Once you receive your member ID number, you can register for your secure member account at **mytuftshealthplan.com**. This is a one-stop, secure website that allows you to: check claims, view your benefits, see the status of referrals (should you need them), and find how much you have paid toward your deductible, out-of-pocket maximums and more. You can even take care of your health by taking a Wellbeing Assessment. You can also find tips, tools, and videos, and connect to virtual coaches to help you be your healthiest.



3. DOWNLOAD OUR FREE MOBILE APP

After you are enrolled with Tufts Health Plan, you can get quick, easy access to the information that matters most — anytime, anywhere! You can compare treatment costs, check your claims, view your benefits and deductible accumulations, and more. Our Tufts Health Plan mobile app is available on the App Store and Google Play.



4. SHOP AROUND

Did you know you can shop for your medical care just like you would for other services you buy? The same procedure or treatment can cost drastically different amounts depending on which provider you see. Our Provider Search and Treatment Cost Estimator tool can estimate costs based on the specific details of your plan benefits. The tool is conveniently available on the home page of **mytuftshealthplan.com**.



5. SAVE MONEY WITH YOUR PLAN

For example, you can:

- Choose cost-saving alternatives to the emergency room, such as urgent care centers, limited service clinics and telehealth (if included with your plan)
- Use freestanding facilities (a non-hospital setting) to receive day surgery and high-tech imaging services
- Use mail-order service for prescriptions you take regularly (depending on your plan)
- Take advantage of member discounts on everything from eyewear and fitness club memberships to nutrition and weight management

*On or after your effective date with Tufts Health Plan



KEY TERMS

TO UNDERSTAND



OF PEOPLE OVERESTIMATED
their understanding of key insurance terms.*

Don't make the same mistake. Get to know the terms on the opposite page. Understanding them is the first step toward getting the most out of your coverage.

*2016 survey of 2,000 Americans conducted by PolicyGenius in partnership with Radius Global Research

PREMIUM

Your monthly contribution to pay for your health plan coverage. A plan with a lower premium will often have higher out-of-pocket costs (copayment, deductible and coinsurance) when you receive covered services.

COPAYMENT

There are some services that may require a copayment with your plan. A copayment is the cost-share that you pay for certain covered pharmacy or medical services. Depending on your plan, you might have a copayment for a doctor's office visit or for a prescription drug.

DEDUCTIBLE

The amount you have to pay for covered health care services before Tufts Health Plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services, and Tufts Health Plan pays the rest. Please check your benefit document (located in the My Coverage section of **mytuftshealthplan.com**) for details. The benefit document is also called an Evidence of Coverage (EOC) or Certificate of Insurance (COI).

COINSURANCE

The percentage of costs you pay for certain covered services. As an example, if your plan has 20% coinsurance, Tufts Health Plan will pay 80% of the cost, and you'll be responsible for paying 20% of the cost.

OUT-OF-POCKET MAXIMUM

The most you can pay during your plan year for your share of covered medical, pharmacy, vision and mental health services. After you spend this amount on deductibles, copayments, and coinsurance, Tufts Health Plan will pay 100% of remaining costs for covered services. However, your monthly premium does not count toward this total.

IN-NETWORK

A network is a group of doctors, hospitals and other care providers associated with your plan that have contracts with Tufts Health Plan to provide services at pre-negotiated rates. These providers are considered "in-network," and every one of our network providers meets rigorous standards for quality care.

Make sure that your doctor or other health care providers are in the network for your plan prior to receiving care by visiting tuftshealthplan.com/find-a-doctor at any time or by logging into mytuftshealthplan.com once you're effective.

OUT-OF-NETWORK

"Out-of-network" refers to any physician, hospital or other care provider that is not in the group of in-network doctors described above. Out-of-network providers do not have contracts with Tufts Health Plan as part of your plan, and thus, can determine the rate they charge you. Because of this, receiving care from an out-of-network provider can be a lot more expensive for you.



FAQ

Here are answers to some common questions we receive from our members when they join Tufts Health Plan.

We think they'll be helpful for you.

IS MY DOCTOR IN YOUR NETWORK?

Chances are good that your doctor is in our network, which has more than 51,000 health care professionals and 100 hospitals across New England. Our network stretches across all of Massachusetts, Rhode Island and New Hampshire, and extends into parts of Maine, Vermont, Connecticut and New York. You can go to tuftshealthplan.com/find-a-doctor at any time or log into mytuftshealthplan.com once you're effective.

WHAT IS A REFERRAL AND WHEN DO I NEED ONE?

A referral is permission from your primary care provider (PCP) to see a specialist for care. Certain plans, such as HMO and EPO plans, require you to get a referral. For POS plans, referrals are required for coverage at the in-network level of benefits. If you're uncertain about whether or not you need a referral, call the Member Services number on your member ID card.

If your plan requires a referral, talk to your PCP. Always make sure that you have the referral before you see the specialist or you will be responsible for costs from the appointment.

DO I NEED TO GET NEW REFERRALS WHEN CHANGING PLANS?

Any referral you had with your previous insurance plan will not carry over. If your plan requires a referral, you'll need to get a new referral from your PCP. Also, if you see any other providers for care, be sure to let them know that you have new health insurance. If one of your current providers is not in our network, you will need to switch to one who is or you will be responsible for the full cost of services.

WHAT IS PRIOR AUTHORIZATION AND HOW DO I GET IT?

Prior authorization means that we must approve a certain procedure or service before you receive it. Your provider submits a request to us, and we review it to be sure your care is following the most recent and successfully proven medical treatments. We check to make sure you receive the appropriate level of care, at the appropriate time, in the right setting, and in the most efficient manner.

Your in-network doctor is responsible for obtaining prior authorization from us on your behalf. If your plan allows for out-of-network services, you are responsible for making sure your provider obtains prior authorization.

WHAT DO I DO IF I'M SCHEDULED FOR UPCOMING SERVICES?

Contact your provider's office and let them know you have switched plans. Talk to them about obtaining any necessary referrals.

HOW DO I GET ACCESS TO A DOCTOR WHEN I'M TRAVELING?

If you have an unforeseen or emergency medical condition, seek care immediately at the nearest medical facility. You are not required to see an in-network provider for emergency medical care when traveling outside of the service area. However, you will need to receive any necessary follow-up care at an in-network provider or you will be responsible for the cost of the follow-up services.

WE'RE HERE TO HELP

We'd love to answer questions you might have about your medical coverage, so please feel free to ask.



MASSACHUSETTS MEMBER SERVICES

800.462.0224 (TDD/711)

Monday-Thursday, 8 am-7 p.m; Friday, 8 am-5 pm



RHODE ISLAND MEMBER SERVICES

800.682.8059 (TDD/711)

Monday-Thursday, 8 am-7 pm; Friday, 8 am-5 pm

You may also contact us via tuftshealthplan.com/Ask-Member-Services

Interpreter Services Available:

With the help of Language Line Solutions, we speak more than 250 languages.

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。

You may obtain a summary of Tufts Health Plan's key Utilization Management/case management procedures and Tufts Health Plan's privacy practices at tuftshealthplan.com.



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